



zzCOMMISSIONER FOR PATENTS  
Mail Stop Patent Application  
P.O. Box 1450  
Alexandria, VA 22313-1450  
Sir:

PATENT APPLICATION  
Date: February 5, 2004  
File No. 1311.69599

19270 U.S. PTO  
10/772831

020504

Transmitted herewith for filing is the patent application of  
Inventor(s): Jorge Miguel Aguglia

*I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.*

2-5-04  
Date

Dail Cannon  
Express Mail Label No.: EV 032703028US

For: SIGNALING DEVICE FOR SIGHTING SYSTEMS, FOR EXAMPLE FOR RESCUE CRAFTS IN THE NAUTICAL FIELD AND THE LIKE Date

Enclosed are:

- (X) 6 pages of specification, including 8 claims and an abstract.  
(X) an executed oath or declaration, with power of attorney.  
( ) an unexecuted oath or declaration, with power of attorney.  
( ) \_\_\_\_\_ sheet(s) of informal drawing(s).  
(X) 1 sheet(s) of formal drawings(s).  
(X) Assignment(s) of the invention to S.I.E.M. S.r.l. and Assignment Cover Sheet.  
(X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s).  
( ) Information Disclosure Statement, Form PTO-1449 and cited references.  
(X) Claim for Priority and Priority Document.

### Fee Calculation For Claims As Filed

a) Basic Fee								\$ 770.00
b) Independent Claims	<u>1</u>	-	3	=	<u>0</u>	x	\$ 86.00	= \$ <u>0</u>
c) Total Claims	<u>8</u>	-	20	=	<u>0</u>	x	\$ 18.00	= \$ <u>0</u>
d) Fee for Multiple Dependent Claims							\$ 290.00	= \$ _____
							<b>Total Filing Fee</b>	<b>\$ 770.00</b>

- (X) Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to \$ 385.00
- (X) A check in the amount of \$ 385.00 to cover the filing fee is enclosed.
- ( ) Charge \$ \_\_\_\_\_ to Deposit Account No. 07-2069.
- ( ) Other \_\_\_\_\_.
- ( ) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069.  
A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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